



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
FINANCIAL AFFAIRS SECTION / ANALYTICAL UNIT 0576
500 James Robertson Parkway, 4th Floor
Nashville, Tennessee 37243
(615) 741-1670**

**Limited Capital Reinsurers
(To Be Filed On Or Before April 1)**

Company Name: _____

NAIC Cocode: _____

Address: _____

Phone: _____

Source Codes: 880/214 \$1,500.00
 880/554 \$ 515.00

According to Tenn. Code Ann. § 56-4-106, a credit life and health reinsurer is required to pay a nonrefundable regulatory fee of one thousand-five hundred dollars (\$1,500). Also, an annual statement filing fee of five hundred-fifteen dollars (\$515) is required according to Tenn. Code Ann. § 56-4-101.

Please send this payment of two thousand-fifteen dollars (\$2,015) along with a cover letter or a copy of this letter. **Please mail this payment separate from the annual statement filing.** The address is as follows:

State of Tennessee
Department of Commerce and Insurance
Division of Insurance
P.O. Box 198983
Nashville, TN 37219-8983

HOWEVER, PLEASE NOTE: If the payment is mailed via an overnight courier, the following address should be used:

State of Tennessee
Department of Commerce and Insurance
Attention: Premium Tax Section
Financial Affairs Section
500 James Robertson Parkway, 4th Floor
Nashville, TN 37243

Should you have any questions, please send your request to the attention of the Tax Audit Section or contact the Tax Audit Section at (615) 741-1670.